

TO: \_\_\_\_\_  
(Name of Filing Officer)  
  
\_\_\_\_\_  
(Title of Office)

AFFIDAVIT TO QUALIFY IN FORMA PAUPERIS

I, \_\_\_\_\_, on oath, do hereby affirm my poverty and my resulting inability to pay the qualifying fee required by law.

I further swear or affirm that I have neither the assets nor the income to pay the qualifying fee required by law.

I further swear or affirm that the responses which I have made to the questions and instructions below relating to my ability to pay the qualifying fee required by law are true.

I. ASSETS

Include all assets in which you have any interest whether by legal or equitable title, joint ownership, partnership interest, or beneficiary of a trust, including assets held by others on your behalf. Use additional sheets of paper to complete items if more space is needed.

		Present Value of Your Interest
<b>Cash</b>		
Checking (name of Bank)	_____	\$ _____
	_____	_____
Savings (name of Bank)	_____	_____
	_____	_____
<b>Stocks and Bonds</b>		
	_____	_____
	_____	_____
	_____	_____
<b>Notes and Accounts Receivable</b>		
	_____	_____
	_____	_____
<b>Real Estate</b>		
Residence (location)	_____	_____
Other (location)	_____	_____
<b>Insurance Cash Value</b>		
(Name of Company and Cash Value)	_____ \$ _____	
	_____ \$ _____	
	_____ \$ _____	
Total Cash Value	_____	_____
<b>Automobiles</b>		
(Make, Year, Model)	_____	_____
	_____	_____
	_____	_____
<b>Other Assets</b>		
	_____	_____
	_____	_____
	_____	_____
<hr/> <hr/>		
TOTAL ASSETS (Total of all items in I, above)		\$ _____

II. **INCOME**

A. List average monthly amount for all items below:

	Name and address of employer, business, or source of income	Monthly Average
<b>SOURCE OF INCOME</b>		
<b>Salary, Wages, Tips</b>	<div></div>	\$ <div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
<b>Income from Self-Employment</b>	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
<b>Rents Received</b>	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
<b>Interest Received</b>	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
<b>Dividends Received</b>	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
<b>Other Income</b>	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>

**TOTAL AVERAGE MONTHLY INCOME** (Total of all items in II(A), above) \$

B. List average monthly amount for all items below:

<b>Liabilities</b>	Name and address of Creditors	Monthly Average
<b>Home Mortgage</b>	<div></div>	\$ <div></div>
	<div></div>	<div></div>
<b>Automobile Loans</b>	<div></div>	<div></div>
	<div></div>	<div></div>
<b>Personal Loans</b>	<div></div>	<div></div>
	<div></div>	<div></div>
<b>Consumer Credit</b>	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
<b>Credit Cards</b>	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
<b>Other Liabilities</b>	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>

**TOTAL AVERAGE MONTHLY LIABILITIES** (Total of all items in II(B), above) \$

**TOTAL AVERAGE MONTHLY DISPOSABLE INCOME** (II(A) - II(B)) \$

III. **DEPENDENTS**

List the names and relationship of all persons dependent upon you for financial support.

<u>Name</u>	<u>Relationship</u>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>

WARNING: Any person knowingly making any false statement on this affidavit commits the offense of false swearing and shall be guilty of a felony.

Applicant

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_